

State OKLAHOMA

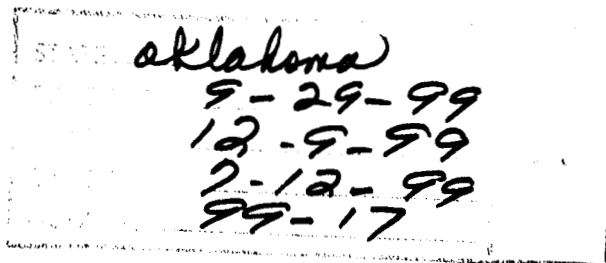
AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
CATEGORICALLY NEEDY

15. Services in an intermediate care facility for the mentally retarded (other than such services in an institution for mental diseases) for individuals who are determined, in accordance with Section 1902(a)(31)(A), to be in need of such care.

Payment is made for ICF/MR services after approval by the Agency for such care. ICF/MR services include coverage of all medically necessary prescriptions not otherwise covered under the Plan.

ICF/MR services include coverage of basic dental care. Restorative dental care also is covered when pre-authorized.

ICF/MR services include coverage of specially adapted prosthetic devices when pre-authorized.



Revised 07-12-99

TN# 99-17 Approval Date 12-9-99 Effective Date 2-12-99
Supersedes
TN# 92-07

Revision: HCFA-AT-78-69(MMB)
July 24, 1978

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16. Inpatient psychiatric facility services for individuals under 22.

Inpatient psychiatric services for individuals under age 22 will be prior authorized for an approved length of stay by an agent designated by the Oklahoma Health Care Authority. Extensions beyond the approved length of stay may be granted when medically necessary and approved by the designated agent. Medical documentation must be submitted by the hospital and/or physician to the designated agent for consideration.

Limited to those who are receiving such services in an institution which is accredited as a psychiatric facility or program by JCAHO and to those individuals whose plan of treatment and certification of need meets the requirements of 1905(a) of the Social Security Act.

STATE	<u>oklahoma</u>	A
DATE	<u>9-29-99</u>	
DATE	<u>11-9-99</u>	
DATE	<u>8-1-99</u>	
HCFA 112	<u>99-19</u>	

TN# 99-19 Approval Date 11-9-99 Revised 08-01-99 Effective Date 8-1-99
Supersedes
TN# 92-19

Revision: HCFA-AT-78-69 (MMB)
July 24, 1978

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18. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary

a. Transportation

The State assures that necessary transportation to and from providers of medical services will be provided.

STATE	<u>OK</u>
DATE REC'D	<u>9-18-86</u>
DATE APP'D	<u>1-30-87</u>
DATE	<u>7-1-86</u>
HCFA 179	<u>86-14</u>

A

Revised 7-1-86

TN# 8614
Supercedes
TN# 856

Approval Date 1-30-87 Effective Date 7-1-86

Revision: HCFA-PM-94-4 (MB)
April 1994

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AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

19.b. Special tuberculosis (TB) related services under Section 1902(z)(2) of the Act

Ambulatory services to persons infected with TB are those services defined in Section 1902(z)(2) of the Act and are not limited by the limits of the State Plan but require prior authorization when those limits are exceeded.

STATE <u>Oklahoma</u>	A
DATE REC'D <u>SEP 01 1994</u>	
DATE APPV'D <u>SEP 20 1994</u>	
DATE EFF <u>AUG 01 1994</u>	
HCFA 179 <u>94-13</u>	

New 08-01-94

TN# 94-13 Approval Date SEP 20 1994 Effective Date AUG 01 1994
Supersedes
TN# SUPERSEDES: NONE - NEW PAGE

Revision: HCFA-PM-86-20 (BERC)
September 1986

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AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
CATEGORICALLY NEEDY

20. Extended services for pregnant women

- a. Pregnancy-related and postpartum services for 60 days after the pregnancy. Services are limited to pregnancy-related and postpartum services within the scope of the State Plan.
- b. High risk pregnant women, as identified in the risk assessment tool (POPRAS III), are eligible for the following package of enhanced high risk services in qualified maternity clinics:

- Nutritional Assessment/Counseling

Counseling is appropriate for women whose complications require the services of a dietician/nutritionist for treatment of a pregnancy related complication, e.g., diabetes, over/under weight. The services are provided by a registered dietician or licensed nutritionist. The nutritional assessment is done by the registered dietician or licensed nutritionist, and is considered as one unit of nutritional assessment/counseling. If the high risk pregnant woman is eligible for WIC, the nutritional assessment for this program will coordinate with the WIC assessment in order to prevent two programs from doing duplicate assessments.

- Health Education

Health education is covered only for high risk pregnant women, as identified in the high risk assessment tool (POPRAS III). It is designed to prevent the development of further complications during pregnancy and to provide educational information to the pregnant woman in caring for herself during pregnancy. This service may be provided by a registered nurse, nurse practitioner, certified nurse midwife, nutritionist/dietician, or social worker. Education may include, but is not limited to, prenatal care, danger signs in pregnancy; labor and delivery; nutrition, pregnancy risk reduction, postpartum care, reproductive health.

STATE <u>Oklahoma</u>	A
DATE REC'D <u>MAR 30 1992</u>	
DATE APP'D <u>JUN 28 1994</u>	
DATE EF. <u>FEB - 1 1995</u>	
HCFA 179 <u>92-07</u>	

Revised 02-01-92

TN# 92-07 Approval Date JUN 28 1994 Effective Date FEB - 1 1995
Supersedes
TN# 87-09

Revision: HCFA-PM-86-20 (BERC)
September 1986

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CATEGORICALLY NEEDY

20. Extended services for pregnant women (cont'd)

• Psychosocial Assessment/Counseling

Psychosocial assessment/counseling is covered only for high risk pregnant women, as identified in the high risk assessment tool (POPRAS III). Psychosocial assessment/counseling is appropriate in order to develop a social work care plan based upon the health risks due to psychosocial factors. Counseling is appropriate for women whose complications require psychosocial intervention as an essential element of treatment in dealing with the complication e.g., use/abuse of drugs/alcohol, significant psychological condition, etc. This service will be used to reduce the likelihood of a poor birth outcome. This service must be provided by a Masters of Social Work (MSW) or a bachelor level social worker under the direct supervision of a MSW.

• Genetics Assessment Counseling

Genetics assessment/counseling is covered only for high risk pregnant women, as identified in the high risk assessment tool (POPRAS III). It is designed to deliver information to a pregnant woman about inherited disorders or environmental exposures to toxic substances that may cause congenital defects in the fetus. This service is performed by a genetic counselor or a registered nurse in consultation with a genetic counselor.

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STATE	<i>Okla</i>	A
DATE REC'D	MAR 30 1992	
DATE APPROV'D	JUN 28 1994	
DATE EFF.	FEB - 1 1992	
HCFA 179	<i>92-07</i>	

New 02-01-92

TN# *92-07* Approval Date *JUN 28 1994* Effective Date *FEB - 1 1992*

Supersedes

TN# *None-New Page*

Revision: HCFA-PM-86-20 (BERC)
~ September 1986

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21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by an eligible provider (in accordance with section 1920 of the Act).

Limited to ambulatory services otherwise available under the State Plan.

STATE <u>OKLAHOMA</u>	A
DATE REC'D <u>APR - 1 1991</u>	
DATE APPV'D <u>APR 24 1991</u>	
DATE EFF <u>JAN - 1 1991</u>	
HCFA 179 <u>91-04</u>	

New 01-01-91

TN# 91-04
Supersedes
TN# _____

Approval Date APR 24 1991 Effective Date JAN - 1 1991

Revision: HCFA-Region VI
AUGUST 1990

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23. Payment will be made for primary care health services to pediatric or family nurse practitioners' (known as Advanced Practice Nurses under the Nurse Practice Act of Oklahoma) within the scope of their practice under State Law. Advanced Practice Nurses' services will be subject to the same amount, duration and scope as physicians.

STATE	<u>oklahoma</u>	A
DATE REC'D	<u>12-16-98</u>	
DATE AWD	<u>3-5-99</u>	
DATE EFF	<u>10-14-98</u>	
HCFA 179	<u>98-22</u>	

New 10-14-98

TN# 98-22
Supersedes
TN# _____

Approval Date 3-5-99

Effective Date 10-14-98



Revision: HCFA-AT-78-69 (MMB)
July 24, 1978

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**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
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24.d. Nursing facility services provided for patients under 21 years of age

Payment is made for nursing facility services after approval by the Agency for such care. Nursing facility services include coverage of all medically necessary prescribed drugs.

STATE	<u>oklahoma</u>
DATE	<u>7-29-99</u>
DATE	<u>12-9-99</u>
DATE	<u>7-12-99</u>
DATE	<u>99-17</u>

Revised 07-12-99

TN# 99-17 Approval Date 12-9-99 Effective Date 7-12-99
Supersedes
TN# 97-07

Revision: HCFA-PM-86-20 (BERC)
September 1986

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**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND
SERVICES PROVIDED CATEGORICALLY NEEDY**

24.

- f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and rendered by qualified person under supervision of a R.N.

Non-Technical Medical Care is provided to patients approved by the Agency for this type of care in own home. The provider is a person who is not legally responsible relative of the client being served, who is certified as qualified to provide the services under the supervision of a R.N.

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STATE	<u>oklahoma</u>
DATE REC'D	<u>3/31/98</u>
DATE APP'D	<u>6/24/98</u>
DATE EFF	<u>12/15/97</u>
HCFA 179	<u>98-09</u>

Revised 12-15-97

TN# 98-09
Supersedes
TN# 86-20

Approval Date 6/24/98 Effective Date 12/15/97